



ILLINOIS DIVISION OF VOCATIONAL REHABILITATION

ANNUAL REPORT

for the fiscal year ending June 30, 1958

By E. C. CLINE
State Supervisor

"In adversity a man is saved by hope".

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SUMMARY OF THE REPORT

UNIVERSITY OF ILLINOIS

1. What we are supposed to do. Our job is to provide for disabled persons the American opportunity to live a productive, satisfying life - to change tax-consuming unemployed persons into tax-paying earners. To make possible for the handicapped the opportunity to make, in the American way, a contribution to the general welfare. The statistics show that this can be accomplished for a large number speedily with a small percent of failure. All types of disabilities are served, all kinds of aptitudes are discovered and utilized; once unused abilities of the rehabilitants are contributing in many ways to their well-being and to that of their communities. (Pages twenty-three - twenty-four).

2. What we did. 4031 handicapped persons placed in employment: 4.2% below record-breaking 1957, but the fourth best year in the history of vocational rehabilitation in Illinois. (Page twenty)

3. What it cost. The total average cost for rehabilitating each case was \$661. The service actually costs nothing in the long run because taxes paid on increased earnings of the handicapped always repay the cost of

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1957/58

Summary - continued

rehabilitation within a few years. (Page twenty-four and Appendix A).

This does not include the average of about \$500 a year saved in every case that was removed from the burden of public-assistance.

The cost per case (\$661) was 11.4% more than for last year (\$593).

The average cost nation-wide in 1957 (latest figure available) was \$790.

4. Where the money came from. (Appendix A)

STATE	\$ 954, 669	- 35.8%
FEDERAL	\$ 1, 709, 135	- 64.2%
	<hr/>	
	\$ 2, 663, 804	

5. Who did the work. A staff of 165; we had 150 in 1947.

6. Our clients come from every corner of the State; isolated rural regions have the same service as the metropolitan areas. The correlation between population and rehabilitants by counties is very high. (Appendix B).

THE BODY OF THE REPORT

Number Rehabilitated

For fiscal 1958 we rehabilitated 4031 - one of four years in which 4000 or more have been returned to jobs. We have rehabilitated an average of 3600 a year for twelve years; during these 12 years we rehabilitated 70% of all those rehabilitated since 1921 when the program began.

Pay Roll Comparison - 1947 and 1958

The following table will show the comparison of size of staff and work completed for 1947 and 1958.

	<u>Staff</u>	<u>Rehabilitants</u>
1947	150	2082
1958	165	4031

Our Financial Situation

In 1954, the per capita income factor was added by the Congress to the formula by which federal funds are apportioned to match the money appropriated by the States; prior to 1954 only population was considered. Since Illinois ranks high in per capita income and since that factor operates inversely in the formula, Illinois is due henceforth to receive a smaller percent of federal money. Actually, unless we increase the State budget materially, we shall not only not benefit from the extra federal money available - we shall actually have a smaller budget than we now have. The blow is cushioned somewhat by the fact that, between now and 1962, the effect of the new factor will be gradually applied. Our plan must be to increase the State appropriation



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substantially each biennium between now and 1962 so that the program may not only hold its own but gradually grow to meet better the needs of more of the handicapped with the increased federal funds available.

As an example of how the formula operated for Illinois we can compare what happened in 1958 with what will happen in 1962. In 1958 we had this budget:

STATE MONEY\$ 954, 669
MATCHED FEDERAL MONEY\$ 1, 709, 135
	<hr/>
	\$ 2, 663, 804

In 1962 to get the same total budget, the amounts will be *approximately:

STATE MONEY\$ 1, 305, 264
FEDERAL MONEY\$ 1, 358, 540
	<hr/>
	\$ 2, 663, 804

This will mean an increase of \$350,000 for one year or \$700,000 for the biennium over the current biennium (1958-59).

This illustration does not take into consideration any increase necessary to meet increased costs of services or expansion of program.

* The exact amounts will depend on actual per-capita wealth calculation for 1962.

What Is Our Job

Whom can we serve? Our clients (1) must have a permanent substantial vocational handicap and (2) there must be a reasonable presumption that our services will result in substantial remunerative employment. It follows from this that not all disabled persons are eligible for our services. For those who are eligible, our services fall into five categories:

I. Physical Restoration.

A. What we can not do.

1. We can not treat chronic diseases, such as polio, under any circumstances; we must wait until medical services, elsewhere available, bring such diseases to a static or slowly progressive condition; our only service in such cases is to apply physical-medicine and rehabilitation measures that ameliorate the after-effects of such ailments - for example, the provision of prostheses or physical therapy to secure the best use of physical resources that remain to paraplegics. The purpose of this restriction is to prevent funds being tied up in long drawn out, expensive medical expenses on cases where there is no reasonable presumption that the vocational (employment) objective will be attained.

2. We can not handle acute ailments since these do not constitute a permanent substantial vocational handicap.

B. What we can do.

The scope of our program has been broadened considerably within the past 10 years and especially in the new federal act of 1954, by the inclusion of what we call physical-restoration services. Since job availability and earning capacity are enhanced if physical condition can be improved, a careful study is always made first of the possibility of compensating for or ameliorating the after-effects of disease or accident. To that end, medical examinations and advice of competent medical consultants are secured as the basis for any medical, surgical, or psychiatric services or for any provision of artificial appliances which promise improvement in work capacity. This thorough exploration of the disability and of the remaining ability of our clients also enables our counselors to arrive at a better estimate of the individual and, with him, to plan more intelligently his program.

II. Vocational Rehabilitation. One basic assumption in our democracy is that the best interests of all individuals should be served - "government for the people"; this not only enhances the educational, vocational, social, and economic welfare of the individual but makes it possible for "government by the people" to work more effectively. An integral part of the basic assumption is that individual differences be so served that each can fulfill as well as possible his potentiality. A vocational handicap is merely, in this philosophy, an individual difference and it is just as logical and necessary to take this factor into consideration as it is to adjust opportunities to differences in sex or in intelligence, for examples. In other words, handicapped individuals are not served by our program primarily because they are handicapped but because they are individuals who, like all individuals, have individual differences. All of us are handicapped in the sense that everyone is unable to do some things that other people can do. Where we differ is in the degree of handicap and in our ability to rehabilitate ourselves to the extent of being able to make a living in some one vocation. In this sense, we need not and should not assume that our clients are different from us in kind but different only in degree of handicap. Our staff merely has a specialized skill in helping others do what we, also with assistance from our society, have already done for ourselves. Thus, vocational rehabilitation is not a special, unusual welfare or assistance program but only an educational program adjusted, as all good programs are, to care for an individual difference - in this case, the possession of a handicap.

Our job, therefore, is simply to carry out for a segment of society one of the obligations of a democracy.

Specifically, vocational rehabilitation is a program to perform educationally for the mentally and physically handicapped citizens a function similar to what the usual public-education program does for those who are not

thus handicapped in the way of opportunity for successful employment; in communities where the public-education program offers special opportunities for the handicapped pupils, our agency provides cooperating or continuing programs. Some of our clients, too, either were so handicapped that they were not able to take advantage of public-school opportunity or they had this opportunity nullified by subsequent accident or disease. In any case, they do not have an equal chance in employment, or as our Regulations say, they have a substantial vocational handicap. Our Division's job is to help the disabled compensate for this inequality of opportunity. (See Appendix D).

Actually, this inequality is more appearance than reality, and the employment difficulty is due more to prejudice and misunderstanding than to fact: the fact is that all of us, who are employed, are handicapped for many other jobs; but everyone of us who is employed, is employed because he can perform some job, no penalty being assessed for the fact that he can not do many others. Our job is to ameliorate the disability by medical services and to determine then what job a client can do, or to develop through vocational training an ability to do some job, and then to help him locate the job that matches his ability; when he is thus placed, he is no more handicapped, vocationally, than the rest of us.

III. Vocational Counseling. The heart of our program is the professional work of our vocational counselors. They must be able to secure and to evaluate pertinent data - personal history, personality factors, work experience, medical reports, psychological test results - and then help the client develop, first his physical restoration program and then his vocational training and job placement plan. It is obvious that the counselor must have broad understanding of human beings and of human problems, ability to comprehend and to use technical data from many disciplines, in order to help the disabled person to plan his new life-project, plus professional skill to

guide the complicated project to the only result for which the counselor gets credit - optimum employment of the client. In sum, it is the counselor who makes it possible for the client to comprehend his problem and to make sense out of the information as to services available from our society for his vocational rehabilitation.

IV. Job Placement. The only justification for a vocational-rehabilitation program is the placement of disabled persons in employment that contributes to the satisfaction of the employee and to the work-economy of the nation. The prime problem of the counselor is first to determine whether the disabled person has a reasonable prospect for any employment and then, with the client, to use the medical and psychological data assembled to decide what kind of employment presents the optimum use of the client's remaining resources. Each of our counselors has, as an average, the satisfaction of enjoying the experience of a successful job placement once every four working days.

V. Follow-up. Since satisfying employment is the purpose of all our efforts and since readjustment to work often presents difficulties, the counselor's obligation does not cease nor does his satisfaction begin until he assures himself that the client is actually making adjustment to his new position and that both employer and employee have profited thereby.

We should stress here the fact that all of our efforts, as noted above, would be in vain unless we have cooperation on all fronts - from the client, training facilities, employers, and the community. We can do little unless training facilities will train handicapped people and employers will provide employment opportunities.

Our Job In a Nutshell

Basically, then, our job is this: Case-finding, medical diagnostic

testing to determine work capacity that the person still retains and to discover what, if anything, can be done to improve the physical or mental condition; aptitude testing to discover job interests and capacities; case study to secure data necessary for a feasible plan of vocational rehabilitation; counseling which helps the client formulate such a plan for his rehabilitation by means of medical service and/or vocational training; and then, finally, selective job placement in which demands of work and the capacities of client are matched. The last is the important step; our agency gets no credit merely for services rendered - rendering service without successful employment at the close is merely an expensive failure on our record. We failed on 8% of the cases on which we spent money; 75% of these were due to death or aggravation of disability.

Housewives, incidentally, are eligible on the ground that home-maintenance is a vocation and that a competent housewife is a distinct asset to the economic well-being of the family and of society.

Appendix D gives on one page the scope and limitations of our services.

A SAMPLE CASE AS IT WAS ACTUALLY HANDLED

The case of Miss X was opened on August 23, 1954.

Client is a 24 year old female of foreign extraction who was referred to this Division for job placement assistance. She could not communicate in any fashion -- reading, writing, speech, or manual sign language. She had completed one year of schooling at the St. Joseph Parochial School in Fort Worth, Texas. Her father decided to keep her home thereafter, and she never received any formal training after that one year. Both parents were deceased, the father having passed away in 1946. Since that time she has been cared for by an uncle. She had no work history background.

Job placement assistance was out of the question, since she was

unable to communicate. An interview was conducted through her aunt, who accompanied her. Special permission was granted by our State office to provide preliminary instruction by a deaf instructor in the use of the manual sign language and some other elementary training; client received forty weeks of the language training. Her progress was excellent; weeks before she completed the forty-week training period, she was able to communicate as well as any deaf person who uses the manual sign language.

Arrangements were then made with a deaf employer, who owns a weaving company here in Chicago and employs mostly deaf women, for employment of the client in his company as a re-weaver. Client received 1½ years of on-the-job training as a re-weaver; it was very difficult to train this young girl because of her lack of academic schooling.

At the present time she is a very satisfactory worker; she has learned to work with others, communicate with others, and she attends many social activities with the deaf. If one saw the girl today, one could hardly believe that she was a complete illiterate and completely unemployable before she received the services of the Division of Vocational Rehabilitation.

Our Program For The Blind

Illinois is one of 15 States in which the vocational rehabilitation program for the blind is a part of the general program. The Section for the Blind, manned by blind and visually handicapped personnel, work in close cooperation with the rest of the staff; in this way the skills and facilities of the personnel of the general program are combined with the services of those who have special understanding of the problems of the blind along with special skills necessary in dealing with their problems. This year the blind constituted nearly 3% of our rehabilitants.

Illinois has a State Vending Stand Law which encourages employment opportunities for persons who are blind. Through such provisions state,

county, and municipal authorities are asked to cooperate in providing space for vending stands and vending machines on public property. Non-public businesses are also asked to permit the installation of vending stands for the convenience of their employees as well as provide a business opportunity for competent blind persons. The Division of Vocational Rehabilitation selects and trains blind persons as operators, and provides the initial equipment and stock. A private non-profit Illinois corporation, through agreement with the Division, provides management services and acts as business consultant to the operators. This is a highly successful business operation as is indicated by the fact that the amount of federal income tax alone, paid by these business men in one year, more than equals the amount of public money invested in the program.

The CASI Disability-Freeze Program

Under the original federal Social Security Act the retirement benefits were based solely on the average earning records prior to age 65; persons who became disabled and were unable to work part of the period, of course, had a decreased average earning record through no fault of their own. In order to ameliorate this situation, the Congress in 1954 enacted the so-called "Disability-Freeze" amendment to the Social Security Act whereby a disabled worker who can present acceptable medical evidence of such disability will have his average-earning record "frozen" at the date of onset of disability, and the amount of his benefit will be calculated only for the period he was able to earn. A subsequent amendment (in 1956) lowered the age at which disability payments could be made from 65 to 50 and made it compulsory that such persons be referred to the Division of Vocational Rehabilitation and that they cooperate with the Division in a program of vocational rehabilitation where such a program is feasible. This, incidentally, has increased greatly the number of cases the Division of Vocational Rehabilitation must process

with consequent considerable increase of our operational cost.

This federal act also stipulated that the Governor of each State should designate an agency that would assist the disabled to establish proof of his inability to work; Governor Stratton designated this Division to perform the service for Illinois. Because the Division of Vocational Rehabilitation is experienced in working with the disabled, it is logical that it should have direction of the "freeze" program; moreover, it was hoped that this contact with thousands of disabled persons will discover many who may become vocational-rehabilitation clients and who may be restored to employment, which would surely be an economic advantage to them and would increase the amount of retirement they will later receive. Thus far there has not been much increase in the number of rehabilitants from this source because most of the referrals, by reason of age and/or extent of disability, have not been feasible for vocational rehabilitation.

The Operating Procedure of the Disability-Freeze Staff

The Federal Disability Program is responsible for evaluating the evidence in case files to determine whether the individual has submitted sufficient evidence so that a decision of disability can reasonably be made. If additional evidence is necessary, the State Agency can request the applicant to secure more evidence, and can assist him in securing this evidence. In cases where the evidence is inconclusive, the State Agency may purchase medical examinations and other additional evidence. The case is then determined on all of the facts, applying prescribed standards and guides, and a decision is reached whether the applicant is or is not under a disability, the date of onset, and the date of cessation of disability. Each determination is subject to review by a lay person and a physician; this is done once at the State level and again at the Federal level. It is the responsibility of the Federal Agency to notify the applicant of the decision of the case.

The Federal Disability Unit frequently requests the assistance of the Division of Vocational Rehabilitation in arranging for and securing consultative medical examinations. This type of request is increasing daily, and it is anticipated that more than six thousand "freeze" applications will require this type of examination in the ensuing year. The Division of Vocational Rehabilitation Counselors are also requested to interview applicants at times for purposes of securing non-medical information. A subjective evaluation of the patient's condition is often requested and completed by the Division of Vocational Rehabilitation Counselors. The time spent and the travel involved in performing these functions are chargeable to the Federal Disability Program.

The program is financed entirely by federal funds.

Special Features of the Illinois Program

1. Early Referral of the Blind. The Illinois General Assembly recognized the importance of enabling disabled persons to get an early start on a plan of vocational rehabilitation, when in 1957 it passed legislation requiring professional persons having patients with major visual limitations to report information regarding such cases to the Illinois Department of Public Welfare, if the patients consent. The law also provides that the Department inform such patients of special services and training that are available for those who have major visual limitations. The resources of the Division of Vocational Rehabilitation are available to many such persons, and such earlier referral through the cooperation of the medical profession will materially reduce the length of time between onset of disability and vocational rehabilitation, and increase the number of blind or visually handicapped persons who will be able to return to gainful employment.

2. Schools for the Blind and Deaf. The Division has very fine cooperative programs with the Illinois School for the Deaf and with the

Illinois Braille and Sight-Saving School. Each year at least two counseling conferences are staged at each of the schools where junior and senior pupils, their parents, their teachers, and the Division of Vocational Rehabilitation counselors discuss the training programs, the job-placement problems and the services of the Division available in helping to solve the problems. The pupils become acquainted with the Division of Vocational Rehabilitation counselors who will work with them after graduation in planning further training programs and job placement. In many cases a tentative vocational rehabilitation plan is worked out while the pupil is still in school, and special training provided consistent with his employment objective.

3. The Industrial Home for the Blind in the Department of Public Welfare provides valuable pre-vocational services to the blind, many of whom are then referred to the Division. Its home-teaching staff discovers many blind persons who are feasible clients and provides them with such services as travel-training, Braille, information about kinds of self-employment and competitive employment that are feasible, and about the assistance the Division can give them.

The Industrial-Home staff can provide testing, counseling, and in cooperation with the vocational rehabilitation counselors can plan and provide pre-vocational and, in several fields, vocational training. This makes for many of the blind a smooth transition into the world of work and independence. The cooperative endeavor has been enhanced this year with the aid of the very fine cooperative research project described below. (Section 14-A)

4. Office of Superintendent of Public Instruction, Division for Exceptional Children. Pupils in public schools have opportunity to meet with our counselors while still in school in order to begin early their planning for future employment. All our counselors routinely call at high

schools in their districts in order to locate handicapped children and to help them plan early for an employment objective. We can supplement the offerings of the public schools with correspondence courses and tutorial training so that an early start toward future economic independence may be had.

5. Rehabilitation Centers. One indispensable facility in the rehabilitation of the severely disabled is the rehabilitation center where all the phases of medical treatment are concentrated and where a complete team of medical specialists and all the indicated therapies are brought to bear upon the needs of the disabled and where vocational counseling by Division staff goes along with the medical program. Illinois is particularly fortunate in that we have two such centers available -- The Institute of Physical Medicine and Rehabilitation in Peoria and the Rehabilitation Institute of Chicago. Both of these have been greatly expanded with the help of federal grants.

6. College and University Cooperation. Our Division is very fortunate in having the cooperation of all the State Universities in the special attention given to our rehabilitants in training. Special counseling facilities are available from the university staffs, and our own counselors are granted special courtesies and cooperation in any problems of school adjustment that may arise on campus. The State Supervisor of the Division is an adjunct professor at one of the institutions.

7. Staff Training. Two State Universities and three private institutions have provided courses in the training of vocational rehabilitation counselors, or have added vocational-rehabilitation content in their courses for social workers, medical social workers, and personnel dealing with such problems as mental retardation.

8. Programs for Severely Disabled. Because of the availability of rehabilitation centers that make possible the physical rehabilitation of the severely disabled and because of the unique educational programs at Southern Illinois University and at the University of Illinois where the provision of special housing, ramps, buses, and therapeutic services make it possible for paraplegics and other severely disabled students to secure a college education in any field - because of all this, the very severely disabled of college caliber can and do have precisely the same opportunities as those available to the non-handicapped.

9. The Epilepsy Program. Illinois was a pioneer in developing a workable vocational rehabilitation program for the epileptics. Here again our Division was privileged to work out a program cooperatively with the medical profession - in this case with the Illinois Neuropsychiatric Institute - a branch of the University of Illinois Medical School.

10. The Veterans Program. Illinois is the only State whose vocational rehabilitation appropriation has an amount earmarked for services to veterans. Through the cooperation of the veterans' organizations from whom many referrals are made, 529 or 13.1% of all our rehabilitants in fiscal 1958, were veterans. The Division has an agreement with the Veterans Administration whereby veterans not eligible for their program are referred to our Division.

11. The Mentally Retarded. The mentally retarded constitute a very unfortunate group of people for whom difficulty in securing gainful employment is merely one of their serious problems. Only highly technical diagnostic, training, and placement services can make them acceptable to employers.

Fortunately again, the Division has for this service the best available facility in the nation - the Jewish Vocational Service in Chicago,

where a team of skilled professionals diagnose and evaluate performance in activities that simulate actual working conditions and operations within the employment range of the mentally deficient in order to discover whether they are employable and placeable, and then assist in actual job placement. The value of this service far transcends the training and placement service of some of our clients: of far greater value is information gleaned as to the problems peculiar to the mentally retarded and as to the kinds of procedure that effect desirable changes in their employability.

The Illinois Commission for Handicapped Children has made a special study of the manner in which a community can survey its problem, provide community programs, and utilize public and private agencies to deal with the situation. The findings have been made available in a series of booklets for use of interested groups.

Southern Illinois University is also making a pioneer study in problems of the mentally retarded. (14-B below).

Governor's Commission on Mental Retardation. Governor Stratton has appointed a special commission, on which the Division is represented, to study the problem of mental retardation. A report will be ready for the next session of the legislature.

12. The In-San Tuberculosis Program. This program has matured over the years and the staff of specialists that has been at work in this field has won the credit for developing a program that ranks first among all the states. (In 1946, Illinois ranked last). The rehabilitants in this program now constitute 19% of the total as compared with a national average of 11%. This again is the result of team work that involves the TB Associations, the staffs of the Sanitariums, and a special staff of the Division.

13. In-Hospital Program For The Mentally Ill. With the fine co-operation of the Department of Public Welfare and the Superintendents of the

Mental Hospitals, the Division has finished our second year of pioneering in a program for the vocational rehabilitation of mental patients which begins while they are still in mental institutions. Our experience, checked against the experience of some other states that are working out similar programs, has given us assurance that the program is feasible and will eventually be one of our largest and best contributions to the vocational rehabilitation program.

With a small nucleus of workers who are learning to be specialists in an untried field, we have already succeeded in the rehabilitation of 294 mentally disabled. The progress thus far and the fine spirit of team-work on the part of the Department of Public Welfare personnel, mental-hospital staff, and our own staff specially assigned to the task, promise well for the future.

14. Federal Grants. We have taken advantage of the provision of the federal act whereby extra federal money is made available on a matching basis to agencies other than our own who may wish to operate projects to discover ways to expand or improve current rehabilitation processes or to do research in areas of vocational rehabilitation not yet tried or not very successful to date. The following three projects were begun this year:

A. The Department of Public Welfare has provided funds matched on a three-to-one basis by the federal office of Vocational Rehabilitation to refine the current methods of rehabilitating the blind and to study counseling technique and training procedures that will make possible the rehabilitation of blind persons with special problems heretofore not adequately served. The project provides for observation, testing, and training by a group of specialists in a residential setting at the Industrial Home for the Blind in Chicago. The project will be continued by the Department of Public Welfare and the Division after federal support has ceased.

B. Southern Illinois University has been given a federal grant to do research in one of the two most difficult vocational rehabilitation cases - the mentally retarded. The specific problem is to discover counseling, vocational training and placement techniques that will be effective in placing in gainful employment the mentally retarded in the economic and industrial conditions peculiar to a region like that of Southern Illinois.

C. Another rather unique as well as quite important project is being carried on by Jewish Vocational Service in Chicago the purpose of which is to develop a scale by which the employment potential of mentally retarded persons may be measured.

D. The Division has a very fine working relationship with the two Department of Public Welfare Schools for the mentally retarded at Lincoln and Dixon. Our counselors make regular contacts there to staff cases that may be eligible for whom the Department finds foster homes, if necessary, while the Division provides counseling, training, and placement services.

15. Public Aid -- Division of Vocational Rehabilitation Cooperation.

In several areas of the State regular joint case-study conferences are held regularly to select those recipients of public assistance who are eligible for vocational rehabilitation services. This type of inter-agency cooperation is being used as a proto-type procedure to be extended throughout the State.

16. Cardiac Clinics. Our clients with cardiac disabilities have the services of two excellent cardiac-work classification clinics at the Institute of Physical Medicine and Rehabilitation at Peoria and at the Rehabilitation Institute of Chicago.

How Do We Publicize Our Program
And Locate The Handicapped

Some of our clients are those who have heard of our services either

through publicity or from friends or neighbors who have been served by the Division; some are referred to us by other friends who are aware of our services. Most of them come as referrals from other agencies, public and private, and from professional people such as physicians and educators. Our counselors have made in recent years a particular effort to reach the younger group of disabled by making contacts every year with all the high schools of the State.

Our public-relations section presents continuously to employers, to labor, to the medical profession, to all agencies serving the disabled (public assistance and public schools, for example) and to the general public, information about the scope, purpose, and methods of vocational rehabilitation. Such information is presented through all the usual media of news stories, lectures, conferences, demonstrations, visual aids, exhibits, and brochures.

We go further than mere publicity in important areas, in that we have cooperative relations with the office of the Superintendent of Public Instruction, the Department of Public Welfare, the Division of Services for Crippled Children, the Illinois State Employment Service, the Illinois Public Aid Commission, United Mine Workers of America, and the Veterans Administration.

Below are some figures as to sources of clients:

Health Agencies	43%
Individuals	15%
Welfare Agencies.	10%
Self-referred	9%
Publicity	7%
Other Public Agencies	6%
Schools	4%
Other	6%

Professional Growth

We have made in-service training a regular part of our program. This is largely of two kinds: small conferences, usually on a regional basis, that concern current problems peculiar to the area and, second, multiple-agency conferences that consider problems that are better solved by inter-

agency cooperation. The general increase in the number of rehabilitations during the last eight years and the increase in speed are due, without doubt, to the greater professional competence of the staff and to the heightened morale that comes from pride in workmanship.

We also, when travel funds are available, send key staff members to technical conferences and workshops established by the Federal Office, by our group of midwestern states, by agencies for the Blind, and by such co-operating agencies as the medical associations, Veterans Administration, State Employment Service, the Illinois Welfare Association, the Illinois Education Association, the Illinois Tuberculosis Association, the Chicago Tuberculosis Institute, United Cerebral Palsy of Illinois, the Illinois Heart Association, the Chicago Heart Association, and the Commission for Handicapped Children.

The new federal law, P. L. 565 enacted in 1954, provides federal funds for grants to training institutions to set up college courses in the field of vocational rehabilitation to add to the number of trained workers available and to promote short-term courses for special training for those already in the field. Federal funds are also available for research in methods, procedures, and techniques that will add to the categories of the severely disabled who can be rehabilitated and will improve the services now available to all handicapped. Five universities and colleges in Illinois and ten other agencies have already entered into this cooperative endeavor. Federal grants of about \$150,000 were made to these schools and agencies during the fiscal year.

Southern Illinois University in cooperation with the Illinois Tuberculosis Association, the Department of Public Welfare, and the Division of Vocational Rehabilitation operates each year an intensive two-week training program which is utilized as an orientation program for new members of the Division's staff, a refresher course for experienced workers, and information for workers of many agencies on whom the Division depends for cooperation.

The Record In Figures

I. Total of handicapped persons referred to Division.....	16,754	*(20,002)
II. Status of those referred		
1. Not yet interviewed (the waiting list).....	3,102	*(4,243)
2. Actually handled by 50 counselors during . the year	13,652	*(15,759)
a. Ineligible..... (Unwilling or unable to accept our services, obviously unemploy- able, having no <u>vocational</u> handicap, having no financial need).	1,597	*(10,817)
b. Current active case load on 6/30/58..... (Declared eligible and plans being made or plans in progress).	7,689	*(7,407)
c. Cases closed	4,366	*(4,527)
(1) Not rehabilitated..... (Plans failed: death- 41%; non-cooperation- 12%; aggravated dis- ability-35%; disappear- ance-9%; transferred to other agencies-2%; other reasons-2%).	335	*(320)
(2) Rehabilitated.....	4,031	*(4,207)

* Figures in parentheses are those of previous fiscal year for comparison.

Comments On The Figures Above

1. The total number successfully rehabilitated this year, compared to previous years:

1946	1, 278	1952	4, 049
1947	2, 082	1953	3, 812
1948	3, 037	1954	3, 568
1949	3, 513	1955	3, 406
1950	3, 420	1956	4, 139
1951	3, 931	1957	4, 207
1958	4, 031		

2. The total number of persons interviewed shows 14% decrease over 1957; this is largely due to better screening out of ineligible cases from the OASI program.

1947	8, 967	1953	11, 469
1948	10, 149	1954	11, 415
1949	11, 333	1955	11, 935
1950	12, 722	1956	14, 894
1951	12, 946	1957	15, 759
1952	12, 194	1958	13, 652

Assuming that the ineligible cases were interviewed only once - which is the minimum possible, not the actual situation - and that the accepted clients were interviewed only three times, means at least an average of three interviews per counselor every working day, half of which are in the clients' homes, which involves travel.

The minimum factors in case service are: initial interview, arranging for at least one medical examination, planning with the client for a job objective suitable for him, helping client locate a suitable job, following up to see whether job placement is satisfactory - all of this made meaningful to client by vocational counseling. Some other factors also commonly involved are: planning medical service, providing psychological examinations, helping client plan for his family through social agencies, arranging transportation to hospital or clinic, arranging for a training program (training facility, maintenance, supplies), sympathetic counseling during training period when special problems arise (illness, failures in training courses). In addition to all the above, the counselor has many other duties to perform: arrangements with other facilities, establishing understanding relations with employers, speeches before other agencies and at cooperative conferences, and necessary paper work.

3. Size of active case load shows a significant increase: this is the number of cases for whom 50 counselors were working out plans at any

one time. The average per counselor is 173; the average in 1946 was only 77. The present case load is far too large.

1946	3, 462	1952	5, 923
1947	4, 020	1953	5, 936
1948	4, 529	1954	6, 009
1949	5, 673	1955	6, 709
1950	6, 778	1956	6, 992
1951	6, 242	1957	7, 407
	1958		7, 689

This Division does not strive to have merely a large case load, our experience demonstrates that the optimum case load is that to which the counselor can give careful personal attention and that which he can keep moving rapidly toward successful job placements; our case loads, accordingly are judged in the light of competent service and speedy rehabilitation rather than mere size. As more funds become available, the addition of counselors will have priority.

4. Total number of cases accepted for service who were not rehabilitated amount to only 335 - just under 8%; this is one criterion of the quality of our work; such cases include clients who died, became ill, lost interest in the plan, or disappeared - thus, in most cases, failure resulted from causes beyond our control.

5. Total persons in active case load that were rehabilitated - 29.5%; the national figures are from 26 to 30%.

6. Ineligible cases are due in some part to misunderstanding of our program on the part of citizens and referral agencies; but the educational work of our staff and the heartening increase of interest of other agencies are gradually decreasing referrals of such cases. The great increase in the last two years is the result of referrals from the OASI program; a

better screening method is now beginning to reduce non-feasible cases from this source.

	<u>Total Referred</u>	<u>Declared Ineligible</u>	<u>Percent</u>
1947	10, 209	2, 738	26.8
1948	11, 388	2, 229	19.6
1949	12, 582	2, 028	16.1
1950	14, 077	2, 402	17.
1951	14, 324	2, 589	18.
1952	13, 554	2, 032	14.9
1953	12, 958	1, 529	11.8
1954	13, 127	1, 630	12.4
1955	14, 027	1, 635	11.6
1956	17, 763	3, 404	19.1
1957	20, 002	10, 817	54.8
1958	16, 754	1, 597	9.5

7. Who are the persons whom we successfully rehabilitated?

- a. Their average age is 35. (Range 16 - 70)
- b. Their average age at disability is 27.
- c. Their average educational level is 10th grade. (Range 0-16)
- d. They come from every part of Illinois. (Appendix B)
- e. Their handicaps are varied -

Orthopedic.....	49%
Tuberculous.....	19%
Hard of Hearing.....	7%
Mentally Ill.....	7%
Blind.....	3%
Deaf.....	2%
Epileptic.....	2%
Cardiac.....	2%
Mentally Retarded...	2%
Visual (not blind)..	1%
All others.....	6%

- f. 2 dependents on an average benefit by each rehabilitation.

g. 75% of them were dependent - partly, at least, - on relatives or on public aid, the others were living on savings, compensation, insurance, or were working but would have lost their jobs without our services.

h. Origin of disability -

Congenital condition.....	11%
Employment accident.....	3%
Other accident.....	11%
Disease.....	75%

i. Marital status -

Single.....	27%
Married.....	55%
Other.....	18%

j. Sex -

Male.....	56%
Female.....	44%

k. Race -

White.....	87%
Negro.....	13%

3. How well do they do after rehabilitation?

- a. They secure jobs that cover all the standard job classifications from professional and semi-professional work to unskilled jobs with about the same distribution as obtains among workers as a whole.
- b. There is great economic gain both to the rehabilitant and to society when the handicapped are made employable. The annual earnings of our 4, 031 rehabilitants, based on their average starting wage, will amount to \$11,759,235.

Considering the above figures in economic gain and counting the saving in cost of relief or the burden of dependency, actual or potential, it is obvious that our program returns to society within a few years (in tax money saved and in increased taxes paid by our employed clients) more than the program costs. The average cost of rehabilitating these clients was \$661 (last national figures available (1957) show average cost of \$833); this cost occurs only once, the economic and social returns go on for as many years as the rehabilitants work. Some groups on which we have exact figures,

such as operators of the vending stand program for the blind, pay back the cost of rehabilitation in one year through federal income taxes alone.

The People Who Did The Work

The Governing Board

The Division of Vocational Rehabilitation is under the direction of the Board of Vocational Education, composed of the following members:

CHAIRMAN: Vera M. Binks, Director, Department of registration and Education

EXECUTIVE OFFICER: Otto L. Bettag, M.D., Director, Department of Public Welfare

MEMBERS: Vernon L. Nickell, Superintendent of Public Instruction
Stillman Stanard, Director, Department of Agriculture
Roland R. Cross, M.D., Director, Department of Public Health
Roy F. Cummins, Director, Department of Labor
William Neidhardt, 2933 North Spaulding Avenue, Chicago 18
Edward H. Jenison, Publisher, Paris
Mrs. William J. Stratton, 437 Vine Street, Morris
Charles M. Thompson, Dean, College of Commerce, University of Illinois
Roscoe Eades, Superintendent of High School, Sterling

The Division Staff

In order to carry out the functions of the Division, a professional staff has been built up, composed of people with specialized training and experience. The State Office in the new State Office Building, Springfield, is manned by the State Supervisor, and nine Chiefs of sections. The nine sections are:

Financial and Office Operations, in charge of office procedure, supplies, accounting, and statistics.

Guidance, Training and Placement, with the task of developing skillful counseling procedure, of setting up training programs and discovering training facilities needed for the handicapped and planning techniques for job finding and job placement.

Physical Restoration, with supervision over all medical and hospital problems.

Public Information, in charge of the program of acquainting the public with the services available to the handicapped.

Case-work Techniques and Policies, with supervision of all case work policies, procedures, and techniques.

Special Services, with the task of setting up and supervising programs for the deaf, hard of hearing, epileptics, homebound, paraplegic, veterans, and United Mine Workers.

Services for the Blind, Illinois is one of 15 States in which rehabilitation services for the blind are included in the general vocational rehabilitation agency.

Services for the Tuberculous and for the Mentally Ill, with direction of state-wide rehabilitation programs in the TB Sans and in the mental hospitals.

OASI Disability Freeze, renders assistance to Illinois disabled who may be eligible for the "freeze" benefits.

Administrative Organization

For administrative purposes the state is divided into four regions: Chicago, Northern, Central and Southern. Each down-state region has a Regional Supervisor and seven to twelve district counselors; the Supervisor of the Chicago region is also the Assistant State Supervisor. (See Appendix C for office locations).

The Specialist Staff

In addition to the regular staff, there is also a specialist staff composed of: Medical Consultants; a Psychiatric Consultant; Medical Social Worker; Psychiatric Social Worker; two Psychologists; special advisors and consultants for the blind, for the deaf and hard of hearing, for the tuberculous, for the epileptic, and for the mentally ill.

Professional Advisory Committee

Since much of the work of the Division has to do with medical, surgical and psychiatric services, the Division uses the best technical

advice that is available through the services of its Professional Advisory Committees, representing leaders in all the areas of medical service.

Other Staff Information

Of our staff, 45% are disabled, 21% are rehabilitants of the Division, 25% are veterans. Average tenure is 7 years; the range for present staff is from 6 months to 22 years.

APPENDIX A - page 1

EXPENDITURES AND SOURCE OF MONEY

a. By ledger categories

	TOTAL	Administration	Guidance and Placement	Services to Clients
Salaries				
Prof.	\$ 419, 638	\$ 51, 213	\$ 368, 425	\$
Clerical	253, 584	64, 813	188, 771	
Travel	63, 591	6, 589	57, 002	
Communications	27, 754	4, 138	23, 616	
Supplies	21, 589	6, 823	14, 766	
Publicity	2, 232	2, 232	
Rent	21, 785	60	21, 725	
Office Maint.	22, 877	2, 899	19, 978	
Office Equipment	12, 317	2, 519	9, 798	
Diagnoses	146, 770			146, 770
Med., Surgical	349, 434			349, 434
Hospitalization	261, 862			261, 862
Appliances	246, 731			246, 731
Tuition	463, 025			463, 025
Maintenance & travel (clients)	273, 645			273, 645
Occup. Tools	31, 161			31, 161
Vending Stands	45, 809			45, 809
TOTALS	\$ 2, 663, 804	\$ 141, 286	\$ 704, 081	\$ 1, 818, 437

TOTALS last year \$ 2, 495, 062 \$ 142, 355 \$ 576, 821 \$ 1, 775, 886

In addition to above expenditures a total of \$367,430.64 was spent for the OASI program administered by the Division with 100% Federal funds.

b. Federal - State Expenditures

STATE.....	\$	954, 669
FEDERAL.....	\$	1, 709, 135
<hr/>		
TOTAL.....	\$	2, 663, 804

In above tables -

ADMINISTRATION includes all salaries, travel, rent, office supplies that are prorated to such persons and to such work as do not deal directly with clients. The State Supervisor's salary and travel are examples of such items.

GUIDANCE and PLACEMENT includes all salaries, travel, rent, office expense prorated to such persons and to such work as deal directly with our clients: the salary, travel, office rent and office supplies of our field counselors are examples of such items.

SERVICES TO CLIENTS includes the cost of all services that are rendered directly to the clients as part of their rehabilitation process, such as medical care, vocational training, subsistence during training.

APPENDIX B

REHABILITANTS BY COUNTIES

	<u>1958</u>	<u>1948-58</u>		<u>1958</u>	<u>1948-58</u>
ADAMS -----	97	735	LIVINGSTON-----	11	82
ALEXANDER-----	1	63	LOGAN-----	18	140
BOND-----	15	91	McDONOUGH-----	6	117
BOONE-----	7	43	McHENRY-----	13	116
BROWN-----	2	35	McLEAN-----	73	720
BUREAU-----	15	135	MACON-----	257	2190
CALHOUN-----	1	20	MACOUPIN-----	23	304
CARROLL-----	16	76	MADISON-----	111	948
CASS-----	17	142	MARION-----	26	204
CHAMPAIGN-----	113	1046	MARSHALL-----	6	54
CHRISTIAN-----	50	342	MASON-----	11	67
CLARK-----	5	59	MASSAC-----	11	69
CLAY-----	9	48	MENARD-----	10	76
CLINTON-----	6	89	MERCER-----	2	52
COLES-----	32	350	MONROE-----	2	27
COOK-----	1142	14524	MONTGOMERY-----	18	213
CRAWFORD-----	4	67	MORGAN-----	68	630
CUMBERLAND-----	2	46	MOULTRIE-----	11	114
DeKALB-----	13	120	OGLE-----	21	117
DeWITT-----	13	122	PEORIA-----	136	1133
DOUGLAS-----	9	75	PERRY-----	8	78
DUPAGE-----	22	298	PIATT-----	8	157
EDGAR-----	14	169	PIKE-----	56	408
EDWARDS-----	2	24	POPE-----	0	19
EFFINGHAM-----	5	81	PULASKI-----	1	26
FAYETTE-----	8	98	PUTNAM-----	2	26
FORD-----	6	61	RANDOLPH-----	7	87
FRANKLIN-----	16	279	RICHLAND-----	15	55
FULTON-----	21	249	ROCK ISLAND-----	60	728
GALLATIN-----	3	32	ST. CLAIR-----	38	737
GREENE-----	62	380	SALINE-----	32	311
GRUNDY-----	1	55	SANGAMON-----	282	2067
HAMILTON-----	5	41	SCHUYLER-----	6	60
HANCOCK-----	13	88	SCOTT-----	45	326
HARDIN-----	5	32	SHELBY-----	73	745
HENDERSON-----	3	40	STARK-----	3	31
HENRY-----	17	174	STEPHENSON-----	49	393
IROQUOIS-----	7	128	TAZEWELL-----	29	278
JACKSON-----	35	266	UNION-----	11	62
JASPER-----	4	32	VERMILION-----	40	527
JEFFERSON-----	23	162	WABASH-----	0	30
JERSEY-----	9	80	WARREN-----	18	195
JoDAVISS-----	15	91	WASHINGTON-----	2	38
JOHNSON-----	3	21	WAYNE-----	17	83
KANE-----	33	480	WHITE-----	4	55
KANKAKEE-----	80	970	WHITESIDE-----	12	158
KENDALL-----	4	36	WILL-----	48	592
KNOX-----	51	433	WILLIAMSON-----	22	197
LAKE-----	50	340	WINNEBAGO-----	147	976
LASALLE-----	47	433	WOODFORD-----	8	78
LAWRENCE-----	3	37			
LEE-----	18	105			

TOTAL

4,031 40,889

APPENDIX C

ADMINISTRATIVE OFFICES

STATE OFFICE: Room 400 State Office Building, Springfield

Professional Staff - 26	(Includes 13 OASI program)
Clerical Staff - 54	(Includes 24 OASI program)

CHICAGO REGIONAL and DISTRICT OFFICE: 160 North LaSalle Street, Chicago 1

Professional Staff - 36	(Includes 7 OASI program)
Clerical Staff - 30	(Includes 8 OASI program)

County covered: Cook

DISTRICT OFFICE

WAUKEGAN: Room 613, 4 So. Genesee St. - 1 Professional, 1 Clerical

County covered: Lake

NORTHERN REGIONAL and DISTRICT OFFICE: 201 Morris Building, Joliet

Professional Staff - 6
Clerical Staff - 3

Counties covered: DuPage, Grundy, Kane, Kendall, McHenry, Will

DISTRICT OFFICES

KANKAKEE: 215 Marycrest Plaza - 1 Professional, 1 Clerical

Counties covered: Ford, Iroquois, Kankakee, Livingston

LaSALLE: 306 Medical Arts Building - 1 Professional, 1 Clerical

Counties covered: Bureau, LaSalle, Lee, Putnam

ROCKFORD: 310 Nu-State Building - 2 Professional, 2 Clerical

Counties covered: Boone, Carrol, DeKalb, JoDaviess, Ogle,
Stephenson, Winnebago

ROCK ISLAND: 421 Safety Building - 1 Professional, 1 Clerical

Counties covered: Henry, Mercer, Rock Island, Whiteside

CENTRAL REGIONAL and DISTRICT OFFICE: 211 Professional Building, Jacksonville

Professional Staff - 2
Clerical Staff - 3

Counties covered: Macoupin, Menard, Morgan

DISTRICT OFFICES

BLOOMINGTON: 502 Corn Belt Bank Building - 1 Professional, 1 Clerical
Counties covered: DeWitt, Logan, McLean

CHAMPAIGN: 135 Lincoln Building -- 2 Professional, 2 Clerical
Counties covered: Champaign, Douglas, Edgar, Vermilion

DECATUR: 436 Standard Office Building - 2 Professional, 2 Clerical
Counties covered: Macon, Moultrie, Piatt

GALESBURG: 210 People's Building - 1 Professional, 1 Clerical
Counties covered: Fulton, Henderson, Knox, Mason, Warren

PEORIA 2: 1107 Lehmann Building - 2 Professional, 3 Clerical
Counties covered: Marshall, Peoria, Stark, Tazewell, Woodford

QUINCY: 204 W. C. U. Building - 2 Professional, 3 Clerical
Counties covered: Adams, Brown, Calhoun, Cass, Greene, Hancock,
Jersey, McDonough, Pike, Schuyler, Scott

SPRINGFIELD: Room 400 State Office Bldg., - 2 Professional, 2 Clerical
County covered: Sangamon

SOUTHERN REGIONAL and DISTRICT OFFICE: 915½ Broadway, Mt. Vernon

Professional Staff - 3

Clerical Staff - 2

Counties covered: Clay, Edwards, Hamilton, Jefferson, Marion, Richland,
Wayne, Wabash

DISTRICT OFFICES

ALTON: 310 First National Bank Bldg., - 1 Professional, 2 Clerical
Counties covered: Bond, Madison

CARBONDALE: 416 South Illinois Street - 2 Professional, 1 Clerical
Counties covered: Alexander, Franklin, Jackson, Perry,
Pulaski, Union

EAST ST. LOUIS: 525 Murphy Building - 1 Professional, 1 Clerical
Counties covered: Clinton, Monroe, Randolph, St. Clair, Washington

HARRISBURG: Harrisburg National Bank Bldg., - 1 Professional, 1 Clerical
Counties covered: Gallatin, Hardin, Johnson, Massac, Pope,
Saline, White, Williamson

MATTOON: 117 N. 15th Street - 1 Professional, 1 Clerical
Counties covered: Clark, Coles, Crawford, Cumberland,
Jasper, Lawrence

SHELBYVILLE: Sparks Building - 1 Professional, 1 Clerical
Counties covered: Christian, Effingham, Fayette,
Montgomery, Shelby

APPENDIX D
THE ILLINOIS DIVISION OF VOCATIONAL REHABILITATION
Room 400 - State Office Building
Springfield, Illinois
WHAT WE CAN AND CAN NOT DO

I. What we can NOT do:

1. Employability. We can not provide any service merely because one is disabled: there must be a substantial vocational handicap and reasonable expectancy that our service will result in employment.
2. Financial Need. We can not purchase services under II, 5-8 below unless there is proof of client's inability to pay.
3. Duplication. We can not provide services elsewhere available: e.g., 4c. below.
4. Physical restoration limitations:
 - a. Acute disabilities: We can not treat emergencies or acute temporary disabilities such as appendicitis or pneumonia, since they are not stable, substantial vocational handicaps.
 - b. Chronic disabilities:
 - (1) We can not medically treat chronic disabilities that require only preventive or general medical care treatment to maintain the present level of health. The prognosis must indicate a reasonable expectancy of substantial improvement in function or employability before we can help with treatment.
 - (2) We can not render vocational services until a chronic ailment is diagnosed as stable, slowly progressive, or likely to be arrested in a reasonable time.
 - (3) We can not render any service if chronic disability is such that employment is impossible.
 - c. Those under 21 secure most physical-restoration services from the Illinois Division of Services for Crippled Children.

II. What we CAN do is to provide for the physically or mentally handicapped preparation for employment similar to that which the public-education program provides for the non-handicapped.

The four services listed below are available regardless of ability to pay:

1. Complete diagnostic service - medical examinations; specialist and clinical study; psychiatric study; psychological testing.
2. Vocational counseling to develop a rehabilitation plan with the client.
3. Training tuition. (Amount allowed for college tuition limited to that of State schools).
4. Placement and follow-up in cooperation with employers and employment agencies.

If one is not financially able to provide them, these services are available:

5. Artificial appliances; hospital, medical, surgical, and out-patient psychiatric service, occupational and physical therapy, if diagnosis indicates:
 - a. A stable physical or mental impairment, or at most, a slowly progressive one.
 - b. A substantial handicap to employment.
 - c. Probability of elimination or substantial reduction of the handicap within a reasonable length of time.
 - d. Possible employability of the applicant.
6. Training supplies.
7. Maintenance and travel when necessary to enable client to profit from the other rehabilitation services.
8. Occupational tools, equipment and original supplies for a small business enterprise when such enterprises are feasible.



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